Fill in this information to identify the case:	d 11/23/21 10:00::	27 Desc Main
Debtor 1 Janice Y. Thomas Debtor 2 (Spouse, if filing)		
United States Bankruptcy Court for theEastern District of Pennsylvania (State) Case number 21-11344-amc		
Form 4100S Supplemental Proof of Claim for Forbe	arance Claim	02/21
Please be advised: This Supplemental Proof of Claim is filed in compliand the Debtor was granted a forbearance under the CARES Act (15 U.S.C. § provided a forbearance on a loan not covered by the CARES Act, this Supplementation that granted a forbearance on a loan not covered by the Debtor. "Creditor" U.S.C. § 501(f) or creditor that granted a forbearance on a loan not covered.	9056 or 9057). To the extent oplemental Proof of Claim is fill in this form means "eligible c	t the Debtor was led to provide notice of
Name of creditor: Wells Fargo Bank, N.A Last 4 digits of any number you use to identify the debtor's account:		urt claim no. (if known):
Property address: 602 WANAMAKER ROAD		

City ABINGTON TOWNSHIP State PA ZIP Code 19046

Part 1:

Amount of Loan That Was Not Received During Forbearance Period

List of payments not receive	d during forbearance period:			
Forborne (FB) Payment Date	FB Payment Amount	Payment Amount Received During Forbearance	Date Funds Received	FB Payment Amount Remaining
04/01/2020	\$1,992.75			\$1,992.75 (Included in POC)
05/01/2020	\$1,992.75			\$1,992.75 (Included in POC)
06/01/2020	\$1,992.75			\$1,992.75 (Included in POC)
07/01/2020	\$1,992.75			\$1,992.75 (Included in POC)
08/01/2020	\$1,992.75			\$1,992.75 (Included in POC)
09/01/2020	\$1,992.75			\$1,992.75 (Included in POC)
10/01/2020	\$1,992.75			\$1,992.75 (Included in POC)
11/01/2020	\$1,992.75			\$1,992.75 (Included in POC)
12/01/2020	\$1,992.75			\$1,992.75 (Included in POC)
01/01/2021	\$1,492.84			\$1,492.84 (Included in POC)
02/01/2021	\$1,492.84			\$1,492.84 (Included in POC)
03/01/2021	\$1,492.84			\$1,492.84 (Included in POC)
04/01/2021	\$1,492.84			\$1,492.84 (Included in POC)
05/01/2021	\$1,492.84			\$1,492.84 (Included in POC)
06/01/2021	\$1,556.84			\$1,556.84
07/01/2021	\$1,556.84			\$1,556.84
08/01/2021	\$1,556.84			\$1,556.84
09/01/2021	\$1,556.84			\$1,556.84

The Debtor's(s') COVID related forbearance protection has expired. This COVID Forbearance Supplemental Proof of Claim (SPOC) includes forborne payments that are already reflected as a pre-petition arrearage on Wells Fargo's proof of claim (POC). Those payments are reflected above. To that extent, Wells Fargo is not attempting to receive double payment for those amounts, and those amounts should be paid only once, whether as part of the POC arrearage or the SPOC amount. Wells Fargo is including those amounts on this SPOC to accurately reflect the total amounts outstanding pursuant to the forbearance.

Do	44	S

Information About Agreement to Modify or Defer Loan Obligation

Have the Debtor an	d Credito	or entered into an agreement to modify or defer the loan obligation in connection with the forbearance?
🛛 Other.		
Fargo is currently pro Wells Fargo is filing t	ocessing t	d forbearance protection has expired and the Debtor has requested a loan modification or deferral. Wells the Debtor's request, but the Debtor may or may not ultimately be eligible for the loan modification requested. D Forbearance Supplemental Proof of Claim (SPOC) to ensure timely filing under §501(f), in the event the not consummated. Upon court approval of the loan modification or deferral, Wells Fargo will withdraw the
☐ Yes. Attach copi	ies of the	writing outlining the modification or deferral:
	O	The loan was modified as follows:
(O	The amount of forborne payments and the deferral date:
	O	See Docket Entry(ies)
to the Debtor. The D	Debtor m	eady done so, Debtor or their counsel should contact the Creditor about any resolutions that may be available ay contact Wells Fargo Home Mortgage to discuss a personalized solution at 1-800-274-7025. Written juired to speak directly with the Debtor about these options.

The person completing this form must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box::

I am the creditor.

☑ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.

/s/ Andrew Spivack, Esquire				Date _11 / _23 / 2021			
Print	Signature Andrew		Spivack		Title Attorney Bar #84439		
	First Name	Middle Name	Last Name				
Company	Brock and Scott	, PLLC					
Address	302 Fellowship	Road, Suite 130					
	Number Mount Laurel,	Street	NJ	08054			
	City		State	ZIP Code			
Contact phone	(844) 856 _	6646			Fmail 8	undrew.spivack@brockandscott.	com